ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
<u> </u>		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
DECORONDENT/DEFENDANT		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
NOTICE TO DISTRICT ATTORNEY OF INTENT TO	TAKE INDEPENDENT	CASE NUMBER:
ACTION TO ENFORCE SUPPORT O	RDER	
l l	IOTICE	
If you are receiving support enforcement services from the district attorney, you may start independent		
enforcement action 30 days after you send this notice to the district attorney unless the district attorney objects.		
You must deliver personally or mail this notice to the dis	trict attorney.	
You must file the independent action specified below wi	thin 180 days of the date this	notice is served.
		_
1. I am a parent of the minor children in this action.		
2. Lintand to start an independent enforcement action at least	20 days after this notice is de	livered personally or mailed to the
<ol><li>I intend to start an independent enforcement action at least 30 days after this notice is delivered personally or mailed to the district attorney's office. The enforcement action to be taken is as follows (specify):</li></ol>		
district atterney 3 since. The emore ment action to be taken	is as follows (specify).	
3. (Check whichever statement is true):		
a. I am receiving public assistance.	have applied for public assist	ance. I intend to apply for
public assistance from <i>(county name)</i> :		County for the children in this action.
public assistance from (county hame).		
b. I am not receiving public assistance for the childr	en in this action.	
I declare under penalty of perjury under the laws of the State of	California that the foregoing	is true and correct.
and the state of the state of the state of the state of		
Date:		
	<b>L</b>	
	<u> </u>	
(TYPE OR PRINT NAME)		(SIGNATURE)

PETITIONER/PLAINTIFF:		CASE NUMBER:		
RESPONDENT/DEFENDANT:				
OTHER PARENT:				
DECLARATION OF MAILING				
I served a copy of this document by enclosing it in a sealed envelope and depositing the envelope  directly in the United States mail with postage paid  OR  at my place of business for same day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.				
a. Date of deposit b. Addressed as follows:	c. Place of deposit	(city and state):		
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date:				
	<u> </u>			
(TYPE OR PRINT NAME)	(SIGNA	TURE OF PERSON WHO SERVED NOTICE)		

(Continued on page three)

## **INFORMATION SHEET FOR NOTICE TO** DISTRICT ATTORNEY OF INTENT TO TAKE INDEPENDENT **ACTION TO ENFORCE SUPPORT ORDER** (California Rules of Court, rule 1299.49)

Please follow these instructions to complete the Notice to District Attorney of Intent to Take Independent Action to Enforce Support Order (form 1299.49) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

When you have completed this notice you should keep the original and mail a copy of the notice to the district attorney's office. The district attorney's office must give you a written response to your notice within 30 days. You cannot proceed with an enforcement action if the district attorney's office notifies you within 30 days that it objects to your proposed enforcement action. If the district attorney's office either does not answer or does not object to your proposed enforcement action, you may file the proposed action. You must file your enforcement action within 180 days of the date you send this notice to the district attorney.

When you file your enforcement action with the court clerk, you should include the original copy of this notice and a copy of the district attorney's response if you received one. The address of the court clerk is listed in the telephone directory under "County Government Offices." You may have to pay a filing fee. If you cannot afford to pay the filing fee, the court may waive it. For more information about the filing fee and waiver of the filing fee, contact the court clerk.

## INSTRUCTIONS FOR COMPLETING THE NOTICE TO DISTRICT ATTORNEY OF INTENT TO TAKE INDEPENDENT ACTION TO ENFORCE SUPPORT ORDER FORM (TYPE OR PRINT FORM IN BLACK INK):

Front page, first box, top of form, left side: Print your name, address, and telephone number in this box if it is not already

Front page, second box, left side: Print your county's name and the court's address in the box. Use the same address for the court that is on your most recent support order or judgment. If you do not have a copy of your most recent support order or judgment, you can get one from either the court clerk or the district attorney's office.

Front page, third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed in your most recent support order or judgment. If no name is listed for the Other Parent leave that line blank.

Front page, first box, top of form, right side: Leave this box blank for the court's use.

Front page, second box, right side: Print your case number in this box. This number is also listed on your most recent support order or judgment.

- This section states that you are the parent of the minor children.
- In this space you must write in the enforcement action that you intend to file. 2
- a. Check the correct box if you either receive welfare, have applied for welfare, or if you are going to apply for welfare for the children. Write in the name of the county where you receive or may receive welfare for the children.
  - b. Check this box if you do not receive and have not applied for welfare for the children.

You must date the request, print your name and sign the form under penalty of perjury. When you sign the form, you are stating that the information you have provided is true and correct.

Top of second page, box on left side: Print the names of Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the front page.

Top of second page, box on right side: Print your case number in this box. Use the same number as the one on the front page.

Declaration of Mailing: Complete the declaration of mailing.

WEST GROUP